

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 14922

Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Winkelman St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child

Sofia Pachilla
3. Sex of Child Female To be answered ONLY In event of plural 1
4. Twin, triplet or other _____ 5. No. in order of birth 1
6. Legitimate Yes 7. Date of birth Sept 24 1931
Month Day Year

8. FATHER
Full name Antonio Pachilla
9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.

14. MOTHER
Full maiden name Lora Ortiz
15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 25 (Years)

16. Color or race Mex
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Flomera
(State or country) Ariz

18. Birthplace (city or place) Imuris
(State or country) Son Mex

13. Occupation Drug Clerk
Nature of Industry _____

19. Occupation House Wife
Nature of Industry _____

20. Number of children of this mother. _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living. 6
(b) Born alive but now dead. 8
(c) Stillborn 15
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles B. Hurst
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____ Address _____
271-924-369 Oct 10 1931 J. G. Lutton
Registrar. File Registrar.